

YOUTH THEOLOGICAL STUDIES

 PINKARD SCHOLARS PROGRAM

**ST. MARY’S SEMINARY & UNIVERSITY**

**5400 Roland Avenue • Baltimore, Maryland 21210**

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**Ms. Patricia LeNoir, Director**

**APPLICATION FORM**

*Please print or type*

Applicant’s Name

 Last First Preferred Middle

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip

 Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email

 Gender:  Female  Male U.S. Citizen?  Yes  No

 Date of Birth Place of Birth: City *(or country if not U.S.)*  State

 Religious Affiliation

 Church / Congregation / Religious Community *(if applicable)*

 Church Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_\_\_\_

 From what part(s) of the world do you trace your predominant racial/ethnic heritage? Please circle:

* Africa
* Asia
* Caribbean
* North America
* Pacific Islands
* Europe
* Middle East
* South America or Central
* Other

 Name(s) of Parent(s) or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Parent or Legal Guardian Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone Email

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Guidance Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies or Special Areas of Interest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RECOMMENDATION: A letter of recommendation is required as part of the application process. Choose someone who knows you well and is NOT a member of your family. Please list below the name, phone number, and address of the person who will complete the recommendation form.

Name Phone Number (Area Code)

Address *Street Address City, State, Zip Code*

ESSAY: The Pinkard Scholars Program Admissions Committee members are interested in learning more about you. Grades and scores tell us many things about your academic performance, but they tell us little about the questions that intrigue you or the way you think about them. Therefore, we would like you to write an essay, no longer than 300 words (about ½ page, typed, single spaced). Please choose **one** of the following questions to write your essay. There are no right or wrong responses to these questions.

1. Identify someone you know or admire who has made a difference in this world. How, specifically, has this person influenced your life?
2. What interests you most about the Pinkard Scholars Program and why do you want to attend?
	1. Share a story that exemplifies your faith journey.
	2. Identify **questions** that are important to you.
3. What are you currently doing that you really care about, and why is it important to you? Who else is involved with you in this activity?
4. Describe yourself from the outside in—that is, tell us how others might describe you. Then tell what you consider to be important about yourself that others might miss (e.g., convictions, qualities, feelings, spiritual or religious experiences).

I certify that all of the above information is correct to the best of my knowledge and that the enclosed essays are my work alone. In order to participate in the Pinkard Scholars Program, I understand that I must successfully complete my sophomore year of high school and plan to enter my junior year in the fall of **2020.** If accepted and if I choose to attend, I agree to participate for the duration of the program and to abide by the rules and regulations of the Pinkard Scholars Program.

SIGNATURE of Applicant Date

 This is to certify that I give permission for my son/daughter to attend the Pinkard Scholars Program.

SIGNATURE of Parent or Guardian Date

CHECKLIST

  Application Form  One recommendation

  One Essay  Academic record form and transcript